

Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Bosmans, Jean-Paul, R. M. A.
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	PRD 2061-PCT-USA

	· · · · · · · · · · · · · · · · · · ·				
I hereby appoint:		ſ			
x Practitioners at Customer Number 000027777			Place Customer Number Bar Code		
OR			Label here		
Practitioner(s) named below:					
Name		Registra	tion Number		
	<del></del>				
	<del>-</del>				
as my/our attorney(s) or agent(s) to prosecu business in the United States Patent and Tra					
Please change the correspondence address	for the above-identif	ied application	to:		
x The above-mentioned Customer Number	er.				
OR			Place Customer lumber Bar Code		
Practitioners at Customer Number  OR	_		abel here		
Firm or Individual Name					
Address	•	-			
Address					
City	s	tate	Zip		
Country					
Telephone	F	ax			
I am the:					
X Applicant/Inventor.					
Assignee of record of the entire intere	net Sán 37 CED 3 7	1			
Statement under 37 CFR 3.73(b) is e					
SIGNATURE of A	Applicant or Assigned	of Record			
Name Mevellec, Laurence, An	ne				
Signature		· .			
Date 10/06/05					
NOTE: Signatures of all the inventors or assignees of reco forms if more than one signature is required, see below*.	rd of the entire interest or	their representativ	re(s) are required. Submit multiple		
☑ *Total of 3 forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Bosmans, Jean-Paul, R. M. A.
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	PRD 2061-PCT-USA

I hereby appo	pint:					
X Practition	ners at Customer Number 000027	777	Place Customer Number Bar Code Label here			
	Name	Re	gistration Number			
<u> </u>						
	ney(s) or agent(s) to prosecute the appl United States Patent and Trademark C					
	the correspondence address for the abo	ove-identified applic	eation to:			
	-mentioned Customer Number.					
OR	Court Noush		Place Customer Number Bar Code			
OR	rs at Customer Number		Label here			
Firm or		· · · · · · · · · · · · · · · · · · ·				
Individual Na	ame					
Address						
Address						
City		State	Zip			
Country		<del></del>				
Telephone .		Fax				
I am the:						
x Applican	nt/Inventor.					
	e of record of the entire interest. See 37 ent under 37 CFR 3.73(b) is enclosed. (a					
	SIGNATURE of Applicant o	r Assignee of Recor	d			
Name	Decree Tea D 1 D / M ' A 1/					
Signature (	A Barrer	osinans, scan-raut, rene, wante, Andre				
Date						
NOTE: Signatures of al	If the inventors or assignees of record of the entire		sentative(s) are required. Submit multiple			
	signature is required, see below*.					
□ *Total of 3	forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please	type a	plus	sign	(+) insi	de this	box	<b></b>	x

.41

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	`
Filing Date	
First Named Inventor	Bosmans, Jean-Paul, R. M. A.
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	PRD 2061-PCT-USA

Practitioners at Customer Number							
Name Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  \[ \textstyle{\tex	X Practition	ners at (		o00027777	-	Number Bar Code	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  Address  Address  Address  Address  City  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Gijsen, Henricus, Jacobus, Maria  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	- Tradition	101(0) 110				Designation Number	
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  X The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Practitioners at Customer Number  I Firm or Individual Name  Address  Address  City  State  Zip  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Gijsen, Henricus, Jacobus, Maria  Signature  Date  Sevence 2.4., 2255  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	<del></del>		ivame			Registration Number	
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  X The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Practitioners at Customer Number  I Firm or Individual Name  Address  Address  City  State  Zip  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Gijsen, Henricus, Jacobus, Maria  Signature  Date  Sevence 2.4., 2255  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	<del></del>						
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  X The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Practitioners at Customer Number  I Firm or Individual Name  Address  Address  City  State  Zip  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Gijsen, Henricus, Jacobus, Maria  Signature  Date  Sevence 2.4., 2255  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	ļ						
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  X The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Practitioners at Customer Number  I Firm or Individual Name  Address  Address  City  State  Zip  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Gijsen, Henricus, Jacobus, Maria  Signature  Date  Sevence 2.4., 2255  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			• • •				
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  X The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Practitioners at Customer Number  I Firm or Individual Name  Address  Address  City  State  Zip  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Gijsen, Henricus, Jacobus, Maria  Signature  Date  Sevence 2.4., 2255  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	·						
Please change the correspondence address for the above-identified application to:  \[ \text{ The above-mentioned Customer Number.} \]  OR  Practitioners at Customer Number \[ \text{ Number Bar Code Label here} \]  Firm or  Individual Name  Address  Address  City State Zip  Country  Telephone Fax  I am the:  \[ \text{ Applicant/Inventor.} \]  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Gijsen, Henricus, Jacobus, Maria  Signature  Date Secretical 2.4, 2.55  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
The above-mentioned Customer Number.  OR Practitioners at Customer Number  Place Customer Number Bar Code Label here  Place Customer Number Bar Code Label here  Address  Address  City State  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Gijsen, Henricus, Jacobus, Maria  Signature  Date  Date  Sexender 24, 2055  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Practitioners at Customer Number	_		·		dentined	application to.	
Practitioners at Customer Number  OR  Firm or Individual Name  Address  City  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Gijsen, Henricus, Jacobus, Maria  Signature  Date  Sexender 2 ^ , 2 > 5  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		momo	ica Gastomer Hai	mber.		Place Customer	
OR  Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Gijsen, Henricus, Jacobus, Maria  Signature  Date  Secretive 24, 255  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Practitioner	rs at Cu	stomer Number		ヿ		
Individual Name  Address  Address  City  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Gijsen, Henricus, Jacobus, Maria  Signature  Date  Secrete 24, 205  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						Label here	
Address City Country Telephone I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Gijsen, Henricus, Jacobus, Maria Signature  Date Secretic 2.1, 2.35  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required, Submit multiple forms if more than one signature is required, see below*.	Firm or			-			
Address  City State Zip  Country  Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Gijsen, Henricus, Jacobus, Maria  Signature  Date Secreties 24, 2005  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Individual Na	ame					
City Country Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Gijsen, Henricus, Jacobus, Maria Signature  Date  Secretar 24, 235  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address						
Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Gijsen, Henricus, Jacobus, Maria Signature  Date  Secretar 24, 2005  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address						
Telephone    am the:   X   Applicant/Inventor.   Assignee of record of the entire interest. See 37 CFR 3.71.   Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).    SIGNATURE of Applicant or Assignee of Record   Name   Gijsen, Henricus, Jacobus, Maria     Signature     Date   Section 24, 2005   NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City				State	Zip	
I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Gijsen, Henricus, Jacobus, Maria  Signature  Date Secretive 24, 2005  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Gijsen, Henricus, Jacobus, Maria Signature  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone				Fax		
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Gijsen, Henricus, Jacobus, Maria  Signature  Date Secrete 24, 255  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:			-			
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Gijsen, Henricus, Jacobus, Maria  Signature  Date Secrete 24, 255  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	X Applican	t/Invent	or.				
SIGNATURE of Applicant or Assignee of Record  Name Gijsen, Henricus, Jacobus, Maria Signature  Date Section 24, 2005  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						• .	
SIGNATURE of Applicant or Assignee of Record  Name Gijsen, Henricus, Jacobus, Maria Signature  Date Sectember 24, 2005  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Name Gijsen, Henricus, Jacobus, Maria Signature  Date  Secretive 24, 25  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Stateme	nt unde	r 37 CFR 3.73(b)	is enclosed. (Forn	1 PTO/SE	3/96).	
Signature  Date  Secretive 21, 2005  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			SIGNATURE	of Applicant or As	signee of	Record	
Date  Section 2.4, 2.55  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	Gijse	n, Henricus, Jac	obus, Maria	)		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature		•	<u>X</u>	yr_		
forms if more than one signature is required, see below*.		`					
☑ *Total of 3 forms are submitted.	NOTE: Signatures of al forms if more than one	l the inver signature	ntors or assignees of r is required, see below	record of the entire into v*.	erest or thei	r representative(s) are required. Submit multip	ple
	☑ *Total of3	fo	ms are submitted.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.